



State of Illinois

Certification of Participating Manufacturer

PM-1

Please Review Instructions Prior to Completion.

Part 1: Liability Year and Type of Certification

Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one)

☐

2003

☐

Other: _____

Type of Certification: (check one)

☐

Original

☐

Supplemental

Part 2: Manufacturer Identification

Company Name

FEIN

Mailing Address

City

State

Zip Code

Country

Phone

Fax

Web Address

Name and title of person completing this form

Part 3: Designated Contact

Name

Mailing Address

City

State

Zip Code

Country

Phone

Fax

E-Mail

Part 4: Brand Family Certification (Attach Brands Addendum pages as necessary)

As of the date of this certification, the manufacturer identified in Part 2 is a Participating Manufacturer (PM) and has generally performed its financial obligations under the Master Settlement Agreement (MSA). The PM certifies that the brand families listed in this certification are a complete list of the brand families which are deemed to be its cigarettes (including RYO product) for purposes of calculating payments under the MSA in the volume and shares determined pursuant to the MSA.

Brand Family	Check One	Brand Family	Check One
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO
	<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO		<input type="checkbox"/> Cigarette <input type="checkbox"/> RYO

Part 5: Manufacturer Certification

Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate. ***This document must be signed and dated by an authorized notary public.***

Print the Name and Title of Authorized Designee

Signature of Authorized Designee

Date

Subscribed and sworn to
before me this date: _____

Signature of Notary Public

County

Commission expires

Rev. 02/06/04



Instructions for Certification of Participating Manufacturer

PM-1
Instructions

General Information

What is a Participating Manufacturer?

A Participating Manufacturer (PM) is any cigarette (including RYO) manufacturer who has signed on to the tobacco Master Settlement Agreement (MSA).

Who must file this Certification?

Any Participating Manufacturer whose cigarettes or roll-your-own tobacco (RYO) were sold in Illinois during the preceding calendar year or who intend for their brands to be listed in the Illinois Directory of Participating Manufacturers. **If a brand is not listed in this certification, it will not be listed in the Directory.**

It is unlawful to stamp or offer for sale in the State of Illinois any cigarette or RYO brand which is not included in the Illinois Directory of Participating Manufacturers or Directory of Compliant NPMs. Participating Manufacturers will receive written notification regarding their brands that will be listed in the Illinois Directory.

Brands of manufacturers which are listed on the NAAG (National Association of Attorneys General) Listing of Participating Manufacturers and Brands may be sold while the initial Directory is being compiled, so long as they are not removed from that list by NAAG.

When is this Certification due?

This Certification must be filed with the Attorney General no later than April 30 of each year.

Updates

The PM shall update its certification list at least 30 days prior to any addition to or modification of the PM's brand families by executing and delivering a supplemental certification to the Attorney General.

Where do I send my completed Certification?

Mail your completed Certification and any related documents to:

Office of the Illinois Attorney General
Tobacco Enforcement Unit
500 South Second Street
Springfield, IL 62706

Specific Instructions

Part 1: Liability Year and Type of Certification

- Check appropriate liability year. You must submit a separate certification for each year you are certifying.
- If "Other" is checked, enter liability year for which certification is being provided.
- Check whether this is an original or supplemental certification.

Part 2: Manufacturer Identification

Provide your company name, address, phone and fax numbers, web address, FEIN, and name and title of the person completing the form.

Part 3: Designated Contact

Provide the name, address, phone and fax numbers, and e-mail address for the individual the Attorney General should contact with respect to matters relating to this certification.

Part 4: Brand Family Certification

- Brand Family: Provide the brand name, which could include many brand styles (menthol, 100's, etc.). **Do not list each style in Part 4.**
- Identify each Brand Family of all cigarettes that the PM intends to sell in Illinois, either directly or indirectly through any distributor, retailer or similar intermediary, and seeks to have included in the Directory.
- Check whether the product is cigarettes or RYO.
- Where a brand is offered as both cigarettes and RYO, make a separate entry for each.
- A Brands Addendum page is included with the certification packet and is available on the Attorney General's website. Copy as needed.

Part 5: Manufacturer Certification

The authorized designee executing the certification must be an officer, principal, director or other authorized representative of the manufacturer. The authorized designee's name and title must be legibly printed and **the signature must be notarized.**

For Additional Forms and Information

Phone (217) 785-8541
Fax (217) 524-4701
www.ag.state.il.us (Click on Tobacco.)